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CONFIRMATION NO. 2487

Bib Data Sheet

SERIAL NUMBER 10/647,991	FILING DATE 08/26/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATT DOC 74:
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APPLICANTS

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** CONTINUING DATA *yes* *SA*
 This appln claims benefit of 60/405,960 08/26/2002

** FOREIGN APPLICATIONS *None* *SA*

IF REQUIRED, FOREIGN FILING LICENSE ** SMALL ENTITY **
 GRANTED

** 11/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS	TOTAL	INDE
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Shumayle</i> <i>He</i>		Initials <i>SA</i>	DRAWING 18	CLAIMS 33	(

ADDRESS

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TITLE

Dental anesthesia administration mask and eye shield

FILING FEE RECEIVED 641	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing Ext. of time) <input type="checkbox"/> 1.17 Fees (Proc Ext. of time) <input type="checkbox"/> 1.18 Fees (Issu Other _____ <input type="checkbox"/> Credit
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